

**NEW YORK STATE DEPARTMENT OF HEALTH  
CRIMINAL HISTORY RECORD CHECK REQUEST  
COVER SHEET  
TO BE COMPLETED BY THE PROVIDER**

☐ [Place X if Temp Agency or Other is submitting package on behalf of Provider]

Date		PFI #		Facility or Agency Name	
Facility or Agency Address				City/State/Zip Code	
Contact Person				Email Address	
Phone No.				Fax Number	FAX SUBMISSION? Y or N

	NEW	REJECTED**	TOTAL		No. of NEW cards @ \$22 EACH
Number of fingerprint cards ENCLOSED				Amount of Corporate Check	\$

For each fingerprint card, please identify (use additional sheets if submitting more than 10 cards):

NUMBER	LAST NAME	FIRST NAME	DOB MM/DD/YYYY	SIGNED STATEMENT AND AUTHORIZATION ON FILE YES/NO	NEW OR REJECTED**	TEMP STAFF Y/N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**\*\*REJECTED submission must include a NEW fingerprint card, the returned fingerprint card and the FBI error report. The returned fingerprint card and FBI error report were mailed to you by DOH. These documents must accompany the new fingerprint card for a REJECTED submission. If otherwise, the submission is considered a NEW submission and full payment must be included.**

I understand that the results of the Criminal History Record Reports I receive from the FBI through DOH will only be used for the purposes authorized by federal P.L. 105-277 and 10 NYCRR 400.23, and I will abide by the confidentiality requirements set forth therein.

SIGNATURE OF CONTACT PERSON \_\_\_\_\_ DATE \_\_\_\_\_

**DOH USE ONLY**

Cashline # \_\_\_\_\_

Postmark or FAX Date: \_\_\_\_\_

Date Reviewed \_\_\_\_\_ by \_\_\_\_\_

Date Returned \_\_\_\_\_

Reason for Return \_\_\_\_\_

Date Processed \_\_\_\_\_

Date received  
stamp here ==>

☐ Check box if FAX submission